

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/11/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROWNPOINTE OF INDIANAPOLIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7365 E 16TH ST INDIANAPOLIS, IN 46219</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00117802</p> <p>This visit was in conjunction with the State Residential Licensure and Investigation of Complaint IN00117590.</p> <p>Complaint IN00117802 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 9, 10 &amp; 11, 2012</p> <p>Facility number: 005729 Provider number: 005729 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN -TC Connie Landman, RN</p> <p>Census bed type: Residential: 53 Total: 53</p> <p>Census payor type: Other: 53 Total: 53</p> <p>Sample: 8</p> <p>CrownPointe of Indianapolis was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00117802.</p> <p>Quality review completed on October 16, 2012 by Bev Faulkner, RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IR4X11

If continuation sheet 1 of 1